

## **EMPLOYEE JOB INTEREST**

**CURRENT NOR EMPLOYEES** 

POSITION APPLYI	NG FOR: _											
FORM INSTRUCTIONS  1. This form must be filled ou 2. Notify the Personnel Office 3. You must submit any docu becomes the property of Ni to submitting the materials 4. RESUMES may be added, be 5. A separate form is required 6. Per CA H&S Code 124235 ( documentation prior to star Recreation Supervisor for i	immediately if you ments required with OR unless otherwise out may not be subs I for each position. CA AB 2007), effecting thate. If you've almorrmation and organized in the case of the	have a change this form, (i.e. e specified in th tituted for com ve January 1st, eady complete anizations that	to any co ; typing c he job and pletion of ; <u>Youth Sp</u> d the prog	ontact informaterificate, Enouncemer  f this form.  ports Positi gram, attac	mation DMV pont. If your ons many h docu	n. rintout). Any materi rou wish to retain co nust complete Concu	al submit pies, you ussion Tr	ı must mak aining and	e your copies prior provide			
Last Name	OYEE INFORMATION: Please print clearly.  Last Name First Name		Home Address:									
Last Name	i ii st ivallic		Home Address.									
Home Phone:	Cell Phone		Work Site Phone:			Work Call	1.	Francii.				
Home Phone:	Home Priorie: Cell Pri		WOIK	k Site Phone:		Work Cell:		Email				
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The best way to reach	me is(cneck	any that a	appiy)	: ⊔ H0I	me	⊔ Cell ⊔ Wo	rk ⊔ I	work C	eII ⊔ E-maII			
CURRENT INFORMATION: F	Provide your curre	nt NOR posi	tion(s) a	nd informa	ation.							
Job Title		Current	t Superv	Supervisor		Current Dept.		Current Work Site				
How long at current po	osition(s)?			1			•					
Current work schedule	<u>).</u>											
Day of week MON	TUE	WE	D	THU	J	FRI	S	AT	SUN			
Start time												
End time												
Explain why you are apply	ing for this po	sition:										
Explain mily you allo apply	mg for time pos	onioin.										
Describe your current qua	lifications for t	he position	includ	ling educ	catio	n, skill, abilities	s, and v	work exp	erience:			
				-								
EMPLOYEE SIGNATURE:				<u> </u>		ATE SUBMITTE						
LIST ANY	RELATEL	) WORK	K EXI	PERIE	:NC	CE ON THE	: BA	CKSIL	JE			



	Addi	TIONAL WORK EXPERIE	NCE			
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Type of Business:		Supervisor:		Phone:		
Job Title:	Start date:	End date:	□FT	□ PT □ Se	easonal	□ Volunteer
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Reason for leaving:						
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Type of Rusiness		Sunervisor:		State		). <u> </u>
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Type of Business:		Supervisor:		Phone:		
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